



KANSAS

Bill Graves
Governor

DEPARTMENT OF HUMAN RESOURCES

Richard E. Beyer
Secretary

DIVISION OF WORKERS COMPENSATION

800 S.W. Jackson Street, Suite 600, Topeka, KS 66612-1227

Phone: (785) 296-3441 – Fax: (785) 296-0839

Web site: <http://www.hr.state.ks.us/wc/html/wc.htm> – E-mail: workerscomp@hr.state.ks.us

Forms Furnished At No Cost

Hearings

- E-1 Application for Hearing
- E-2 Surviving Spouse, Dependent or Heir Application for Hearing
- E-3 Application for Preliminary Hearing
- E-4 Application for Post Award Medical
- E-5 Application for Review and Modification

Settlements

- 12 Worksheet for Settlements: Injury Case
- 13 Worksheet for Settlements: Death Case

Informationals

- 15 Claim for Workers Compensation
- 19 Information Required by Employers
- * 25 Workers Compensation Information for Kansas Employers and Employees (handbook)
- * 250 Información Sobre la Compensación de Trabajadores Para Empleadores y Trabajadores en Kansas
- * 27 Important Information for Injured Employees
- * 270 Información Importante Para Trabajadores Lastimados en el Trabajo
- 40 "Posting" Notice
- K-ISH100 Safety & Health – Industrial Safety and Health Section Pamphlet
- P-100 Mediation Brochure
- P-101 Ombudsman/Claims Advisory Services
- 118 Summary for Employers on the Kansas Workers Compensation Act
- 126 Independent Contractor or Employee?
- 136 Ombudsman/Claims Advisory Section Informational (to claimants)
- 138 Workers Compensation Election Information
- 304 Tips for Employers to Reduce Workers Compensation Liability
- 307 Filing of Accident Reports
- 530 Important Information for Employers Regarding Form K-WC 27 and K-WC 270 (Spanish Version)
- 706 Fraud and Compliance Pamphlet
- 881 Disability Discrimination Law Important Information

* This information is provided to self-insured employers as required by law. Insurance carriers should provide the handbooks and injured employees informationals to the other employers under the Workers Compensation Act in Kansas as required by law. If you do not have these items, please contact the Kansas Insurance Department or the printers as noted on page 2.

Elections

- 50 Employee Not to Accept Coverage Under Act: 10% or more shareholder
- 50a Cancellation of Form 50
- 51 Employer to Cover Employees Under Act: gross annual payroll is \$20,000 or less, or agricultural pursuits
- 51a Cancellation of Form 51
- 113 Individual, Partner, or Self-Employed to Come Under Act
- 114 Cancellation of Form 113
- 123 Employer to Provide Coverage for Volunteer Workers

Elections (continued)

- 124 Cancellation of Form 123
- 135 Employer to Provide Coverage for Persons Performing Public or Community Service
- 135a Cancellation of Form 135
- 137 Election of a Noncompensated Volunteer Officer, Director or Trustee of a Nonprofit Corporation to be Covered
- 137a Cancellation of Form 137

Miscellaneous Forms

- 41 Subpoena
- 41a Subpoena Duces Tecum
- 41b Deposition Subpoena/Deposition Subpoena Duces Tecum
- 97 Request For Workers Compensation Records
- 98 Worker's Request For Workers Compensation Records
- 99 Notice on Request for Records
- 107 Benefit Cards
- 112 Surviving Spouse Annual Statement
- 139 Pre-Trial Stipulations
- 160 Statement Regarding Attorney Fees
- 300 Order Form for Workers Compensation Law & Rules
- 301 Order Form for Workers Compensation Medical Fee Schedule
- 302 Publication Request Form
- 312 Injured Worker Documentation Chart
- 970 Request for Workers Compensation Records (English/Spanish form)

Additional Publications: (Available at no cost)

- 21 Annual Statistical Report
- 22 Computation of Benefits Workbook

Forms Not Furnished by the Division of Workers Compensation:

These forms are not furnished by the Division of Workers Compensation and may be printed or reproduced by the employer, as long as the form provides all the required information. These forms are: Accident Reports (1101a or Form A) and Final Release (Form D).

If employers find it more convenient or cost effective to purchase these forms from other sources, businesses that have communicated a desire to sell these forms include:

Miller Printers, Inc.
1010 Grant Street
Great Bend, Kansas 67530-3516
Phone 620-793-5222
Application for Preliminary Hearing

Uniform Information Services
P.O. Box 189
Kendallville, Indiana 46755-0189
Phone 800-382-2424
(This printer will furnish Forms 25, 250, 27 and 270 in addition to the above.)

Thill Printing Company, Inc.
P. O. Box 1046
Great Bend, Kansas 67530-1046
Phone 316-793-8866
800-973-8866

OSHA Forms 101 and 200 May Be Obtained From:

U.S. Dept. of Labor -OSHA-
271 W. 3rd St. N., Ste 400
Wichita, KS 67202
Toll free 800-362-2896

Workers Compensation Publications:

Law & Regulations – July 1, 2000

Book Version @ \$8 per copy

Supplement (July 1, 2001) @ \$2 per copy

Medical Fee Schedule – October 1, 1999

Manuscript Version @ \$25 per copy

CD-ROM Version @ \$40 per copy

Make checks payable to the Division of Workers Compensation

We accept Visa, Mastercard, Check or Money Order

Name, Address and Telephone Number Informational

1. Kansas Insurance Department
Workers Compensation Rates, Rules, Policy
Forms, Group Funded Pool Self-Insureds:

Dick Cook, Supervisor
Commercial Multi-Peril & Casualty Section
Kansas Insurance Department
420 S.W. 9th Street
Topeka, Kansas 66612-1678
Phone 785-296-3071
Claimant's Use 800-432-2484
2. Workers Compensation Fund

Paula Greathouse, Attorney
Kansas Insurance Department
420 S.W. 9th Street
Topeka, Kansas 66612-1678
Phone 785-296-7812
3. State Self-Insurance Fund
State of Kansas Employees

State Self-Insurance Fund
Landon State Office Building
900 S.W. Jackson Street, Room 951-S
Topeka, Kansas 66612-1251
Phone 785-296-2364
4. Industrial Safety & Health Section
Department of Human Resources
512 S.W. 6th Avenue
Topeka, Kansas 66603-3174
Phone 785-296-4386
5. Employment Standards
Federal Wage & Hour Office
Phone 785-295-2526
State Employment Standards
Phone 785-296-4062
State Labor Relations (public employees)
Phone 785-368-6224
6. Human Rights Commission
900 S.W. Jackson Street, Room 851-S
Topeka, Kansas 66612-1258
Phone 785-296-3206
In Kansas Only 1-888-793-6874
7. Kansas Commission on Disability Concerns
1430 S.W. Topeka Boulevard
Topeka, Kansas 66612-1877
Phone 785-296-1722
800-295-5232
TTY 785-296-5044
8. Workers Compensation Assigned Risk Plan

Office Location:
NCCI
777 Yamato Road, Suite 200
Boca Raton, Florida 33431-0998
Phone 800-622-4123

Mailing Address:
NCCI, Inc. – Kansas
1110 N. Kansas
P. O. Box 8320
Topeka, Kansas 66608-0320
9. Workers Compensation
Classification of Risk and Experience Modification Checks

All inquiries pertaining to experience ratings, endorsements, cancellations of policy, notice of termination policies, policies information page, ERM-14, etc... should be sent to:

NCCI Midwest Division
750 Park of Commerce Drive
Boca Raton, Florida 33487
Phone 800-622-4123
10. Workers Compensation Act, Elections, Rehabilitation, Benefits, Individual Self-Insureds, Advice for Claimants, Hearing Procedures

Division of Workers Compensation
Department of Human Resources
800 S.W. Jackson Street, Suite 600
Topeka, Kansas 66612-1227
Ombudsman/Claims Advisory Nationwide Hotline
Phone 800-332-0353
11. Federal Workers Compensation
Department of Labor
1100 Main Room 750
Kansas City, Missouri 64105-2112
Phone 816-426-2195

Order Form

Name and Complete Mailing Address You Want the Forms Sent To:

Name: _____

Company Name: _____

Address: *street* _____

city _____ *state* _____ *zip* _____

Phone Number: _____

FAX Number: _____

Fill In Quantity Needed on the Below Inventory and Mail or Fax To:

Nikki Watson

Division of Workers Compensation

Kansas Department of Human Resources

800 S.W. Jackson Street, Suite 600

Topeka, Kansas 66612-1227

Fax (785) 296-0839 – E-mail nwatson@hr.state.ks.us

or visit our Web site to down load forms : www.hr.state.ks.us/wc/html/wc.htm

Forms Furnished At No Cost

Quantity Needed	Form Number	Revision Date	Name of Form
_____	K-WC E-1	6-98	<u>Application for Hearings</u>
_____	K-WC E-2	7-99	Application for Hearing
_____	K-WC E-3	5-99	Surviving Spouse, Dependent Application or Heir for Hearing
_____			Application for Preliminary Hearing
_____			<u>Elections</u>
_____	K-WC 50	9-93	Employee Not to Accept Coverage Under Act: 10% or More Shareholder
_____	K-WC 50a	11-98	Cancellation of Form K-WC 50
_____	K-WC 51	7-93	Employer to Cover Employees Under Act: Gross Annual Payroll is \$20,000 or Less or Agricultural pursuits
_____	K-WC 51a	11-98	Cancellation of Form K-WC 51
_____	K-WC 113	12-99	Individual, Partner, or Self-Employed to Come Under Act
_____	K-WC 114	7-94	Cancellation of Form K-WC 113
_____	K-WC 123	11-98	Employer to Provide Coverage for Volunteer Workers
_____	K-WC 124	11-98	Cancellation of Form K-WC 123
_____	K-WC 135	11-98	Employer to Provide Coverage for Persons Performing Public or Community Service
_____	K-WC 135A	11-98	Cancellation of Form K-WC 135
_____	K-WC 137	7-99	Election of a Noncompensated Volunteer Officer, Director or Trustee of a Nonprofit Corporation to be Covered
_____	K-WC 137A	7-99	Cancellation of Form K-WC 137

FORMS FURNISHED AT NO COST (continued)

Quantity Needed	Form Number	Revision Date	Name of Form
			<u>General Information</u>
_____	K-WC 15	5-00	Claim for Workers Compensation
_____	K-WC 25	12-98	Workers Compensation Information for Kansas Employers & Employees (handbook) – <i>limit: two unless self-insured</i>
_____	K-WC 27	6-01	Important Information for Injured Employees – <i>limit: two unless self-insured</i>
_____	K-WC 40	7-97	"Posting" Notice
_____	K-ISH 100	10-99	Safety & Health – Industrial Safety and Health Section Pamphlet
_____	K-WC-P 100	9-98	Mediation Within the Workers Compensation System
_____	K-WC-P 101	8-98	Ombudsman/Claims Advisory Services Pamphlet
_____	K-WC 107	6-01	Benefit Cards
_____	K-WC 118	8-98	Summary for Employers on the Kansas Workers Compensation Act
_____	K-WC 126	12-97	Independent Contractor or Employee
_____	K-WC 134	8-01	Forms Furnished at No Cost
_____	K-WC 136	7-00	Ombudsman/Claims Advisory Services Informational (to claimants)
_____	K-WC 138	5-99	Workers Compensation Election Information
_____	K-WC 250	3-99	Workers Compensation Information for Kansas Employers & Employees (Spanish) (handbook) – <i>limit: two unless self-insured</i>
_____	K-WC 270	8-98	Important Information for Injured Employees (Spanish) – <i>limit: two unless self-insured</i>
_____	K-WC 300	11-00	Order Form for Kansas Workers Compensation Law & Regulations (<i>book</i>) and/or Kansas Workers Compensation Medical Fee Schedule (<i>manuscript or CD-ROM</i>)
_____	K-WC 302	9-97	Publication Request Form
_____	K-WC 304	1-01	Tips for Employers to Reduce Workers Compensation Liability
_____	K-WC 307	3-01	Filing of Accident Reports
_____	K-WC 312	9-97	Injured Worker Documentation Chart
_____	K-WC 530	9-97	Important Information for Employers Regarding Form K-WC 27 and K-WC 270 (Spanish Version)
_____	K-WC 706	12-00	Fraud & Compliance Pamphlet
_____	K-WC 881	7-99	Disability Discrimination Law Important Information
			<u>Subpoenas</u>
_____	K-WC 41	12-99	Subpoena
_____	K-WC 41A	12-99	Subpoena Duces Tecum
_____	K-WC 41B	12-99	Deposition Subpoena/Deposition Subpoena Duces Tecum
			<u>Settlements</u>
_____	K-WC 12	7-90	Work Sheet for Settlements: Injury Case
_____	K-WC 13	8-90	Work Sheet for Settlements: Death Case
_____	K-WC 112	9-96	Surviving Spouse Annual Statement
_____	K-WC 139	8-98	Pre-Trial Stipulations
_____	K-WC 160	8-93	Statement Regarding Attorney Fees
			<u>Records Request</u>
_____	K-WC 97	4-01	Request for Workers Compensation Records
_____	K-WC 98	7-99	Worker's Request for Workers Compensation Records
_____	K-WC 99	1-00	Notice on Request for Records
_____	K-WC 970	12-99	Request for Workers Compensation Records (<i>English/Spanish form</i>)